Australian Independent Dirt Kart Association Inc.

Accident / Incident Report Form

(one form per person per accident / incident)

This form must be filled out by the Chief Steward or authorised person on the day of the accident / incident and forwarded to the AIDKA Secretary within two days of the accident / incident

Name of Club where accident / incident occurred						Date ……/……/……	
Name of Class	Event No	Number of karts in event		Time	am	pm	
Name of Person injured				Licenced	Unlicenced	AIDKA Licence No.	
Condition of the track at time of accident / incident;		Wet		Rough	Fair	Good	Other
Were all flag marshals stationed in their positions?					Yes	No	
Was the event run under lights?					Yes	No	
Did the injured person receive First Aid Treatment trackside?					Yes	No	
Did the injured person go to hospital for further treatment?					Yes	No	
If so, were they transported by means of?					Ambulance	Private Car	
Did the injured person continue to race after the accident / incident?					Yes	No	

Full details of the accident / incident	**A rough sketch of where the accident / incident occurred on the track must be completed.** North South

What action can be taken to prevent this from happening again?

Who should be notified?		
	National Track & Safety Officer	National Steward Coordinator
	National Scrutineer Coordinator	National Technical Officer
	Other (details)	

Chief Stewards Name (please print)	Chief Stewards Signature